

2024-2025 BENEFITS GUIDE

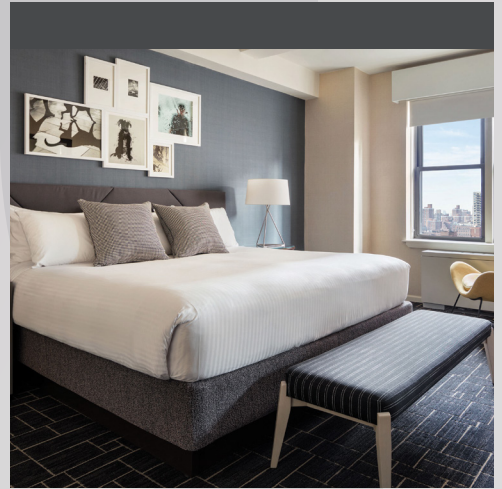
CALIFORNIA, OREGON, AND WASHINGTON

Enroll in your benefits in Workday by logging into sonesta.okta.com by April 5 or within 30 days from your start date to make your elections.



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No-Cost Benefits

- Health Advocates
- Medicare Advisors
- Employee Assistance Program
- Business Travel Accident Insurance
- Perks at Work
- Sonesta Hotel Employee Rate
- Payroll (DailyPay)
- Employee Referral Bonus
- Tuition Reimbursement





WELCOME

Sonesta's Benefits Enhance Our Culture of Caring



We are excited to provide you with a robust benefits package and to give you the opportunity to take advantage of these benefits. Whether you are newly hired or someone who is re-enrolling in next year's benefits, now's the time to familiarize yourself with all our great offerings and choose what is right for you.

We listened to the feedback in our recent benefit survey and are happy to announce that as part of the 2024 – 2025 Plan Year, we are adding Accident Insurance, Critical Illness, and Hospital Indemnity to our offerings. Please make sure you review these great new additions.

We are also thrilled to announce that, although faced with increases from our medical plan carriers, Sonesta has worked hard to ensure that team member rates will NOT increase for any of our plans or coverage tiers for the 2024 – 2025 Plan Year. In a time of rising inflation, Sonesta takes our Culture of Caring and our belief of Doing the Right Thing to heart and are happy we could hold rates this year. There is no guarantee that team member rates will not increase in future years, but we are glad that we could hold them steady this year for you.

Finally, as part of our Culture of Caring, taking care of our team members is very important to us. In addition to programs you can elect, we have many "no cost" benefits for you (see the list on p. 1). We encourage you to review and take advantage of these, too!

Since this is the time of year to review and enroll, I encourage you to use the tools and resources to help you with the enrollment of your benefits plans. The Benefits Checklist (see p. 5) was created to ensure you don't miss out on the steps you need to follow.

If you need extra help, please reach out to your HR partner or manager for assistance.

Wishing you good health and a good year,

Jennifer Rausch
Chief People Officer at Sonesta Hotels

Actions As:

Existing Employee

It's time to sign up for your benefits. Please review your current elections and new offerings for the year. Please note that you must re-enroll in the FSA to participate. Open enrollment runs from March 18 – April 5.

New Hire

Welcome to Sonesta! As part of your on-boarding, you'll need to select your benefits in Workday. You have 30 days from date of hire to enroll. You must enroll online during this time in order to receive benefits.



Meet Alex, your virtual benefits counselor.

Alex can help you figure out which plan is best for you. Alex is fast, friendly, confidential, and available online 24/7.

Visit <https://start.myalex.com/sonesta>.

GETTING STARTED

in Choosing Your Benefits

Things to Remember for 2024-2025

- Take advantage of free preventive care by scheduling your annual physical and bi-annual dental appointments with no out-of-pocket costs in-network. Remember—you can use Sick Time for your doctor's visits. (See p. 8)
- Want medical advice for free and via phone or video? If you sign up for Sonesta's medical benefits, you can have access to a doctor 24/7 via Telehealth. (See p. 9)
- Plus see all the additional benefits you get from Sonesta at no cost to you:
 - Health Advocates
 - Employee Assistance Program (EAP)
 - Medicare Advisors
 - Business Travel Accident Insurance
 - Perks at Work
 - Sonesta Hotel Discount Program



Sonesta's benefits plan year runs from May 1, 2024 through April 30, 2025.

Key Terms

Premium – The amount the insurance company charges each month for the benefit plan. Sonesta pays a large amount of these costs.

Deductible – An amount you pay out-of-pocket each plan year before benefits begin to be paid under the plan.

Copay – A fixed amount you pay for covered services, typically when you receive the service.

Coinsurance – The percent share of a claim you pay after the deductible has been met.

Out-of-Pocket Maximum – The maximum amount you and your family will pay out-of-pocket for health care expenses in a plan year, excluding bi-weekly premiums.



BENEFIT SNAPSHOT

Benefit	Sonesta-Paid	Cost Shared	Voluntary (Employee-Paid)
Basic Life and Accidental Death & Dismemberment (AD&D)	✓		
Short Term Disability	✓		
Long Term Disability	✓		
Business Travel Accident	✓		
Wellness Programs	✓		
Health Advocate	✓		
Medicare Advocates	✓		
Employee Assistance Program	✓		
Sonesta Perks at Work	✓		
Tuition Reimbursement	✓		
Medical (including Prescription Drugs)		✓*	
Dental		✓*	
Health Savings Account		✓	
401(k) Retirement Savings Plan		✓	
Vision			✓*
Flexible Spending Accounts			✓
Accident			✓
Critical Illness			✓
Hospital Indemnity			✓
Optional Life and AD&D Insurance			✓
Tax Choice Long Term Disability			✓*

*No increase for you this year!

Eligibility

You are eligible to participate in Sonesta’s benefits program if you are a regular full-time employee scheduled to work at least 30 hours per week. For existing employees, coverage will run from May 1 – April 30. If you’re a new hire, benefits start on the first of the month following date of hire. Eligible dependents include:

- Your legally married spouse;
- Domestic Partner*; and
- Your children up to age 26.

*PLEASE NOTE: Domestic Partner coverage is a taxable benefit. Please contact the Benefits Team for further information.

When Can I Make Changes?

IRS regulations restrict your ability to change your elections during the year unless you experience a qualifying life event such as marriage, divorce, birth or adoption of a child, death of a dependent, changes in your or your spouse’s employment status or an involuntary loss of coverage under another plan. You have 30 days from the date of the qualifying event to make changes to your coverage as long as the changes are consistent with the qualifying event. Go to Workday to update your benefits or [Principal.com](https://www.principal.com) to change your 401(k). You can make changes to your HSA or 401(k) contributions at any time during the year — you just can’t exceed the annual limits.

WHAT YOU NEED TO DO

Checklist

- Review benefits choices. This information is available in several places. Pick whichever format is easiest for you.
 - Visit the Sonesta Benefits Portal at <https://c2mb.ajg.com/sonestaparent/home/>
 - Alex virtual benefits counselor to see costs and comparisons of options: <https://www.myalex.com/sonesta/2024>
 - Your Workday Benefit Event to see costs; go to sonesta.okta.com
 - Benefits Guide (printed/electronic on the Sonesta Benefits Portal)

- Select/confirm which plan is right for you
 - Medical: _____
 - Schedule annual exam

 - HSA (if you choose the Saver Plan): \$ _____

 - Flex Spending amount allocated: \$ _____
 - Health Care (not available with Saver Plan)
 - Dependent Care
 - Requires re-enrollment each year.

 - Dental: _____
 - Schedule bi-annual exam

 - Vision: _____
 - Schedule annual exam

 - 401(k) Retirement Savings Plan (review your options and make any elections or changes now or at any time at Principal.com)



Need Help Resetting Your Workday Password?

If you forgot your password, just go to any computer and open a Chrome browser, enter <https://sonesta.okta.com/signin/forgot-password> and follow instructions to reset your password. If you know your password, but accidentally locked yourself out of your account, go to this URL instead: <https://sonesta.okta.com/signin/unlock>.

Enter your UserID and click *Reset via SMS* or *Reset via Email*.

Follow the instructions and your password will be reset. You can then log into Workday with your username and new password.

If you have any issues with this process, contact the Sonesta Help Desk at **617-231-3131** for assistance.

YOUR MEDICAL PLAN OPTIONS

Blue Cross Blue Shield



How Do the Blue Cross Blue Shield Plans Work?

- 1. You pay up to the deductible**—You pay the full cost of your medical treatment until you reach the deductible
- 2. Then your plan will kick in**—Your plan pays a majority of the cost, minus any copays and coinsurance
- 3. Until your out-of-pocket maximum is reached**—All of your medical and prescription costs will be covered in full once your out-of-pocket is reached; you will still be responsible for your premium payment

For further details, please review the Summary of Benefits & Coverage for each plan, which can be found on the Sonesta Benefits Portal <https://c2mb.ajg.com/sonestaparent/home/>.

**In-network
Preventive Care
is covered 100%
with all 3 plans.**

In-Network Benefits	Saver	Core	Select
Deductible (Individual / Family)	\$2,800 / \$5,600 (but no more than \$3,200 per member)	\$1,000 / \$2,000	\$500 / \$1,000
Coinsurance	None	20%	15%
Out-of-Pocket Max (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive Care	No charge for adult physicals, well-child care, and more. Take advantage this year! See Preventive Screening flyer on the Benefits portal for a list of all free exams.		
Office Visit / Specialist	No charge after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Emergency Room	\$100 copay after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Inpatient / Outpatient	No charge after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Imaging / Labs / X-Rays	No charge after deductible	20% coinsurance after deductible	15% coinsurance after deductible
Prescription Drugs			
Deductible (Individual / Family)	Combined with medical	\$100 / \$200	\$100 / \$200
30 Day Retail*	\$15 / \$30 / \$50	\$15 / \$30 / \$50*	\$15 / \$30 / \$50*
90 Day Mail Order*	\$30 / \$60 / \$100	\$30 / \$60 / \$100	\$30 / \$60 / \$100

*All copays apply after deductibles are met.

Per Oregon legislation regarding primary care visits, there will be no charge or \$5 copay (not subject to Deductible) for first 3 visits per year. First 3 visits are any combination of primary care non-specialty medical Services, mental health outpatient Services, naturopathic medicine visits, substance use disorder outpatient services, or telemedicine services.

YOUR MEDICAL PLAN OPTIONS continued

Kaiser



How Do the Kaiser Medical Plans Work?

- 1. You pay up to the deductible**—You pay the full cost of your medical treatment until you reach the deductible
- 2. Then your plan will kick in**—Your plan pays a majority of the cost, minus any copays and coinsurance
- 3. Until your out-of-pocket maximum is reached**—All of your medical and prescription costs will be covered in full once your out-of-pocket is reached; you will still be responsible for your premium payment

For further details, please review the Summary of Benefits & Coverage for each plan, which can be found on the Sonesta Benefits Portal <https://c2mb.ajg.com/sonestaparent/home/>.

All of Sonesta's plans are designed to provide an optimal level of coverage to you based on your needs.

With either plan, preventive care is covered at 100% in-network.

Benefit	Kaiser \$20 HMO Plan	Kaiser \$1,000 HMO Plan
Routine Annual Physical	No charge	No charge
In-Network Deductible	None	\$1,000 individual \$2,000 family
Primary Care Office Visit	\$20 per visit	\$20 per visit (no deductible)
Specialist Office Visit	\$30 per visit	\$30 per visit (no deductible)
Chiropractor	\$20 per visit (20 visit limit)	\$20 per visit (20 visit limit; no deductible)
Diagnostic Testing (Labs / X-Rays)	\$10 per encounter	20% coinsurance
High Tech Imaging (MRI, CT, PET, etc.)	\$50 per encounter	20% coinsurance after deductible
Emergency Room	\$250 per visit	20% coinsurance after deductible
Outpatient Surgery	\$100 per procedure	20% coinsurance after deductible
Inpatient Hospital	\$500 per admission	20% coinsurance after deductible
Durable Medical Equipment	No charge	No charge
Prescription Drugs		
30-day supply	Generic: \$15 Brand Name: \$40	Generic: \$15 Brand Name: \$30
90-day supply	Generic: \$30 Brand Name: \$80	Generic: \$30 Brand Name: \$60
Specialty	20% up to \$150 (no deductible)	20% up to \$150 (no deductible)
In-Network Out-of-Pocket Maximum*	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family

*The deductible and out of pocket maximums are embedded. No individual on a family plan will pay a deductible or out-of-pocket maximum that is higher than the individual amount.

Service Area: Kaiser's Pacific Northwest service area extends from Eugene, Oregon, to Longview, Washington and Kaiser's Washington service area is primarily in the Puget Sound region and Spokane. To see if your provider is in-network, go to <https://healthy.kaiserpermanente.org/doctors-locations> or call member services at **1-800-813-2000** (PNW), **888-901-4636** (WA), **1-800-464-4000** (No. Cal), or **1-800-464-4000** (So. Cal).

PREVENTIVE CARE SERVICES

Helping You Get the Care You Need

There is no cost if the following services are administered by In-Network providers*:

- Routine adult exams
- Routine GYN exams
- Certain family planning services
- Routine hearing exams
- Routine vision exams
- Certain prenatal services
- Routine pediatric exams
- Physical therapy to prevent falls in community-dwelling adults ages 65 and older
- Routine tests, procedures, and screenings
- Certain counseling services
- Immunizations
- Certain pharmacy services

Women's preventive health services recommended by the Department of Health and Human Services include the following:

- Annual well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infections
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

Reminder: Use Sick Time for doctor's visits.



*Certain limitations may apply. For a complete description of benefits, please refer to your subscriber certificate, account agreement description, or plan materials.

TELEHEALTH

All medical plans come with Telehealth, the future of truly convenient health care. You can now reach a doctor from the convenience of your smartphone, computer, or tablet via real-time video. Available 24/7 every day of the year!

BCBS: Telehealth via Well Connection is accessed via My Blue Member App.

Kaiser: Telehealth via My Doctor Online is accessed via kp.org/getcare or via the Kaiser App.

Telehealth is less expensive than going to the ER or Urgent Care, and faster than making an appointment and driving to the doctor's office. Telehealth doctors can diagnose and prescribe medicine for issues such as:

Medical Convenience Care

- Bronchitis
- Flu
- Pinkeye
- Urinary Tract Infections
- Fever
- Sprains and Strains
- Reactions to Medications
- Sore Throat
- Sinus Infection, and more!

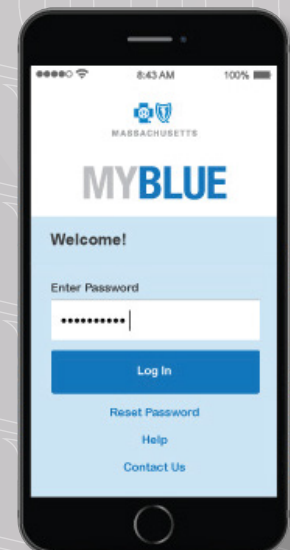
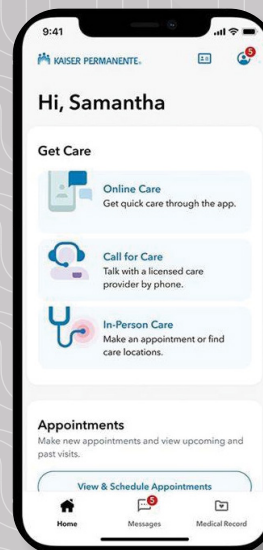
Behavioral Health

- Anxiety
- Child Behavior Issues
- Stress
- Mourning a Loss
- Couples Therapy
- Substance Abuse Disorder
- Trauma
- Sleep Difficulties, and more!



MEMBER APPS

Look up your personal health care information quickly and easily from the convenience of your mobile device. Just download the My Blue App (BCBS) or the Kaiser Permanente App, and register your account using your Member ID.



HEALTH SAVINGS ACCOUNT (HSA)



HealthEquity®

The HSA allows you to put aside pre-tax dollars to help pay for your medical expenses.

For a list of qualified expenses, visit hsastore.com.

How an HSA Works

The Saver medical plan allows you to have a Health Savings Account (HSA) administered by Health Equity. This plan allows you to pay lower premiums in exchange for a higher deductible.

When you enroll in the Saver plan, you must enroll in a Health Savings Account. You must be enrolled in the Saver plan to contribute to an HSA. See eligibility limitations and account details noted below:

Once your account is set up, you can begin making contributions.

- Your funds are available as soon as they are deposited
- Funds contributed to your HSA earn interest, and can be invested—similar to a 401(k)
- HSA Funds rollover every year, and you never lose them, even as far down the road as retirement
- When used to pay eligible expenses, these HSA Funds, including earnings, remain tax-free

You cannot contribute to an HSA if you are enrolled in another medical plan, including Medicare or TRICARE, or if you are claimed as a dependent on someone else's tax return.

You have two options for using the money in your HSA:

- Pay for out-of-pocket expenses immediately if you receive medical care; or
- Leave the money in your account, which can be invested, grow tax-free and will carry over from year-to-year to help pay for future medical expenses or premiums for medical coverage, even as far down the road as retirement.

Sonesta's contribution is an employer match

- Sonesta will match your annual HSA contribution, dollar for dollar, up to the maximum listed on p. 11
- Contributions are made on a per pay period basis
- If you choose not to contribute to your HSA, you will not receive Sonesta's employer contribution

HEALTH SAVINGS ACCOUNT (HSA) continued

Below are the 2024 maximum contributions allowed with an HSA:

Sonesta's Annual Contribution

Employee Only: Up to \$500
(up to \$19.23 bi-weekly or up to \$9.63 weekly)

Employee + Spouse or Employee + Child(ren):
Up to \$750
(up to \$28.85 bi-weekly or up to \$14.42 weekly)

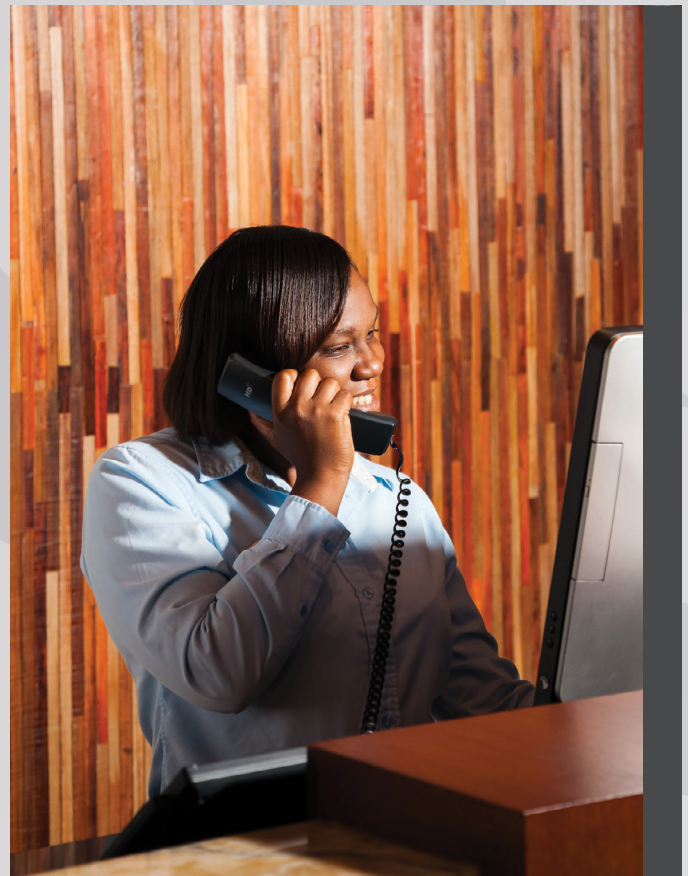
Family: Up to \$1,000
(up to \$38.46 bi-weekly or up to \$19.23 weekly)

Employee Max Annual Contribution*

Employee Only:
\$3,650

Employee + Spouse or Employee + Child(ren):
\$7,550

Family: *If you are age 55 or older, you can make
\$7,300 additional "catch-up" contributions of up to
 an annual maximum of \$1,000 per year.

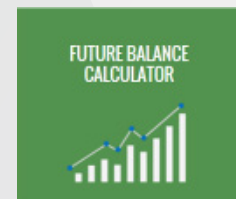
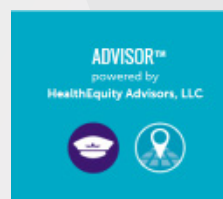
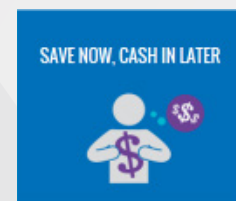


Employee Maximum Annual Contribution is the maximum you can contribute, considering Sonesta's contribution.

HSA TOOLS & RESOURCES

HSAs are an easy win in today's complex health care system! Health Equity has a number of helpful tools and resources for you to use. Including a 24/7 Specialized HSA Assistance line at **866.346.5800** and a mobile app for you to have on-the-go access to your account history and balance.

Along with many other resources that can be found at www.healthequity.com, there is a step-by-step guide at www.healthequity.com/hsamemberguide.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Sonesta offers two types of FSA through Discovery Benefits/WEX:

- Healthcare FSA
- Dependent Care FSA

FSA funds are “use it or lose it,” meaning any funds that are not used on qualified expenses that are incurred between May 1, 2024 and July 15, 2025 and submitted by July 31, 2025 will be lost. Our plan includes a grace period allowing claims to be incurred through July 15th following the end of the plan year. Note that active employees have 90 days run out to request reimbursement for eligible claims incurred in the plan year. (Terminated employees must file claims within 60 days of termination.) For a list of qualified expenses, visit fsastore.com. Below are the maximum annual contributions:

Healthcare FSA: \$3,200

Maximum Annual Employee Contribution

Description of Covered Expenses:

Qualified medical expenses, such as copays, deductibles, dental, vision, etc. for you and your eligible dependents

Dependent Care FSA: \$5,000*

Maximum Annual Employee Contribution

Description of Covered Expenses:

Qualified expenses for child** and elder care while you are at work, such as day care, nursery school, etc.

*Remember, if you are married and filing a joint tax return, your combined annual contribution for Dependent Care FSA cannot exceed \$5,000.

**Eligible children up to the age of 13

Please note that both FSA plans are subject to non-discrimination testing, which may reduce your election amount.

Can I Have a Healthcare FSA and an HSA?

No. The HSA covers the same costs as the Healthcare FSA, which is why if you enroll in the Saver plan you cannot enroll in the Healthcare FSA, too.



NEW!

Plan Highlights

Voluntary Group Critical Illness Insurance



Sonesta International Hotels Corporation

COVERAGE

Voluntary group critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or your domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Choose from a benefit of \$10,000 to a maximum of \$30,000 in \$10,000 increments.

Spouse: Choose from a benefit of \$5,000 to a maximum of \$15,000 in \$5,000 increments, not to exceed 100% of approved employee amount.

Child(ren): 50% of approved employee amount up to a maximum of \$15,000.

GUARANTEED ISSUE

Employee: \$30,000

Spouse: \$15,000

Child(ren): \$15,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

GROUP CRITICAL ILLNESS INSURANCE continued

FEATURES

DIAGNOSIS	BENEFIT
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	50%
Heart Attack	100%
Invasive Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	100%
Multiple Sclerosis	100%
Paralysis	100%
Parkinson's Disease	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Downs' Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 0 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Acute Respiratory Distress Syndrome 25%
- ▶ Portability to employee age 70
- ▶ **Wellness (Health Screening) Benefit – \$50**



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

NEW!

Plan Highlights

Voluntary Group Accident Insurance



Sonesta International Hotels Corporation

COVERAGE

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

FEATURES

- ▶ Portability to Employee Age 70
- ▶ FMLA/MSLA Continuation
- ▶ 24 - Hour Coverage
- ▶ 24-Hour Travel Assistance Services

GROUP ACCIDENT INSURANCE continued

Benefits	Amount
Ambulance	\$300 Ground, \$1,500 Air
Blood, Plasma and Platelets	\$300
Burns	To \$1,280 for 2nd degree burns; To \$10,240 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per Visit)	\$50 per session, 6 sessions maximum
Coma	\$10,000
Concussion	\$200
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Exams	\$200 per CT/MRI scan
Dislocation	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	\$225
Epidural Anesthesia Injection (per Injection)	\$150, 2 maximum
Eye Injury	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$1,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000
Hospital Confinement (per Day)	\$200, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum
Lacerations	To \$800
Lodging (per Day)	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
Organized Youth Sports Benefit	25% of the benefit amount
Paralysis	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$50, 12 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up
Prosthesis	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement (per Day)	\$100, 30 days maximum
Surgery	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff
Transportation	\$600, if more than 100 miles from residence
X-Rays	\$50



www.reliancematrix.com

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NEW!

Plan Highlights

Voluntary Group Hospital Indemnity Insurance



Sonesta International Hotels Corporation

COVERAGE

Voluntary group hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

FEATURES

- ▶ Guaranteed issue; no medical questions
- ▶ No pre-existing conditions exclusions
- ▶ Mental & Nervous and Substance Abuse treated same as any other hospital admission
- ▶ No deductibles
- ▶ Coverage offered on a Voluntary Basis

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFITS

Hospital Daily Confinement	
Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
Hospital Critical Care Unit Confinement	
Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$200
Hospital Admission Benefit	
One Benefit per Coverage Year	\$1,000
Hospital Critical Care Admission Benefit	
One Benefit per Coverage Year	\$1,000
Non-Insurance Services	
On-Call Travel Assistance	Included



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

DENTAL BENEFITS



Delta Dental

The covered services and in-network benefits available to you through Delta Dental are highlighted below. Questions can be directed to Delta Dental Member Services at **800-872-0500**.

PLEASE NOTE: The dental plan deductible and maximum run on a calendar year, from January 1 through December 31. Your dental plan covers up to two cleanings/preventative exams per year, up to your Calendar Year Maximum.

Make sure you schedule bi-annual cleanings – it's covered at 100% under your plan (in-network) up to the Calendar Year Maximum.

In-Network Benefits	Dental Plan
Annual Deductible (Individual / Family)	\$50 / \$150
Calendar Year Maximum	\$1,500 per Member
Type I Services (Preventive/Diagnostic – oral exam/cleaning/x-ray)	Covered 100%
Type II Services (Minor Restorative – fillings, root canal, replacement crowns)	Covered 80%
Type III Services (Major Restorative – implants, bridges, crowns, dentures)	Covered 50%
Orthodontia (Children under 19 only)	Covered 50% with \$1,500 Lifetime Max

Rollover Max

Your Delta Dental plan allows you to rollover part of your unused spending to increase your benefits for the following year and beyond. Rollover Max is easy and automatic!

- To qualify for Rollover Max, you must receive at least one cleaning or one oral exam in the plan year (May 1–April 30)
- Your maximum claims must not exceed the maximum amounts outlined at right
- Once you qualify, your unused portion of the annual maximum benefit dollars will roll over automatically for use in the next plan year and beyond
- Annual maximum dollars are used first, and the Rollover Max dollars are used after the annual maximum is met

If your total yearly claims don't exceed this amount:
\$700

Then you can rollover this amount to use next year and beyond:
\$700

Your accumulated rollover total is capped at this amount:
\$1,250

VISION BENEFITS



VSP Vision Care

The in-network benefits are shown in the table below. Questions can be directed to VSP Member Services at **800-877-7195**.

PLEASE NOTE: VSP does not provide physical member ID Cards. Your VSP provider will verify your coverage with VSP at the time of your visit.

Seeing is believing. Schedule your annual eye exam. It's covered under the vision plan with a \$10 copay for standard exam and \$60 for a contact lens exam (in-network).

In-Network Benefits	Cost	Frequency
Eye Exam	One standard eye-exam a year (covered) with \$10 copay	Every plan year
Lenses Single, lined bifocal, lined trifocal and tints	\$25 copay	Every plan year
Frame Allowance	\$200 allowance with 20% savings on amount over your allowance	Every other plan year
Contact Lens Exam	Up to \$60	Every plan year
Contact Allowance	\$165 allowance	Every plan year
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price	



VSP has partnered with TruHearing to offer its members up to 60% off of hearing aids.

Here's how it works:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.



401(k) RETIREMENT SAVINGS PLAN

The Sonesta 401(k) plan was established to give employees the ability to save and invest for retirement.

The limit for 2024 is \$23,000 with an additional \$7,500 catch up amount allowed for participants who are 50 years of age or older in 2024.

If you are an eligible employee, you may begin to make 401(k) contributions on the first of January, April, July or October after your completion of three months of service. Sonesta offers both Traditional 401(k) as well as Roth 401(k) investment options.

77% of all Americans are saving for retirement. Are you contributing to your 401(k)? Can you increase your contribution to help you save?



Visit [Principal.com](https://www.principal.com), download the app or call **1-800-986-3343**.

Other Features

You can roll 401(k) funds from your previous employer into your Sonesta 401(k). Loans and hardship withdrawals are also available.

Traditional 401(k)

- Allows employees to invest pre-tax money among mutual funds
- No taxes are paid until you retire and withdrawals begin at 59½ years old
- Required distributions at age 73 for those who turned 72 on or after 1/1/2023. If the participant turns 73 after 2032, then the required minimum distribution age will be 75.

Roth 401(k)

- Allows employees to invest money that has already been taxed among mutual funds
- To make withdrawals, account must be at least five years old and participant must be 59½, disabled, or passed
- Required distributions at age 73 for those who turned 72 on or after 1/1/2023. If the participant turns 73 after 2032, then the required minimum distribution age will be 75.

Employer Match

If you are contributing to Sonesta's 401(k) plan, Sonesta will match 100% of the employee contribution up to 3% of pay, and an additional 50% of the next 2% of pay. You will begin to receive matching contributions on the first of January, April, July, or October following your completion of eleven months of service. All contributions are immediately vested.

NEW!



Ready to take control of your future?

Attend a personalized, 1 on 1 retirement education meeting tailored to you— at no additional cost.

Work toward your personal retirement goals with an experienced retirement professional.

Get started today



- > Meet with a Principal Retire Secure™ professional.
- > Schedule your virtual meeting at principal.com/Virtual1on1.

During your meeting, you'll work together to accomplish the following:

- > Determine personal goals and needs
- > Recognize savings gaps
- > Talk about ways to help protect your income and assets in retirement
- > Create a personalized action plan to help you stay on track

Retirement professionals provide education, which may be helpful in making personal retirement decisions. Responsibility for those decisions is assumed by the participant, not Principal®. Participants should regularly review their savings progress and post-retirement needs.

This review is limited only to those financial concerns you expressed and is not intended to be a financial plan or investment advice from any of the member companies of the Principal Financial Group. These are only general guidelines which may be helpful in making personal financial decisions. Responsibility for those decisions is assumed by you, not the Principal Financial Group.

Insurance products and plan administrative services provided through Principal Life Insurance Company® Securities offered through Principal Securities, Inc., member SIPC and/or independent broker-dealers. Referenced companies are members of the Principal Financial Group®, Des Moines, IA 50392.

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HEALTH ADVOCATE

Health Advocate is available 24/7/365 in multiple languages to help you make the best benefits decisions for you and your family. You can also visit their website at www.HealthAdvocate.com/sonesta.

Which Plan Is Right for Me?

Choosing what benefits are right for you and your family can be confusing. For that reason, Sonesta has partnered with Health Advocate to provide you with one on one benefits consultation.

5 Simple Ways that Health Advocate Can Help You

1. Find the Right Doctor
2. Schedule Appointments
3. Assist in the Transfer of Medical Records
4. Work with Insurance Companies
5. Help with Eldercare

Help is only a phone call away! Call **866.695.8622** today. Your Health Advocate benefit is being paid for by Sonesta at no additional cost to you.

What About After I Choose?

While choosing a plan is key, we understand that this is only the beginning. Throughout the year we know that you also need assistance with how to best use your benefits to save the most money and get the best coverage.

We are pleased to offer employees access to Health Advocate 24 hours a day, 365 days a year to assist with claims issues, answer questions, and resolve benefits issues.

Health Advocate not only covers eligible employees, it also covers their spouses, dependent children, parents, and even parents-in-law.



MEDICARE ADVISORS

What About Medicare?

Sonesta understands that whether it be for yourself or a loved one, navigating Medicare can be confusing and time consuming. To help you and your loved ones better understand your Medicare options Gallagher is here to help! Our advisor provides assistance at no cost. And there is no obligation to enroll in Medicare! For more information, open a Benefits Ticket through At Your Service.

LIFE INSURANCE BENEFITS

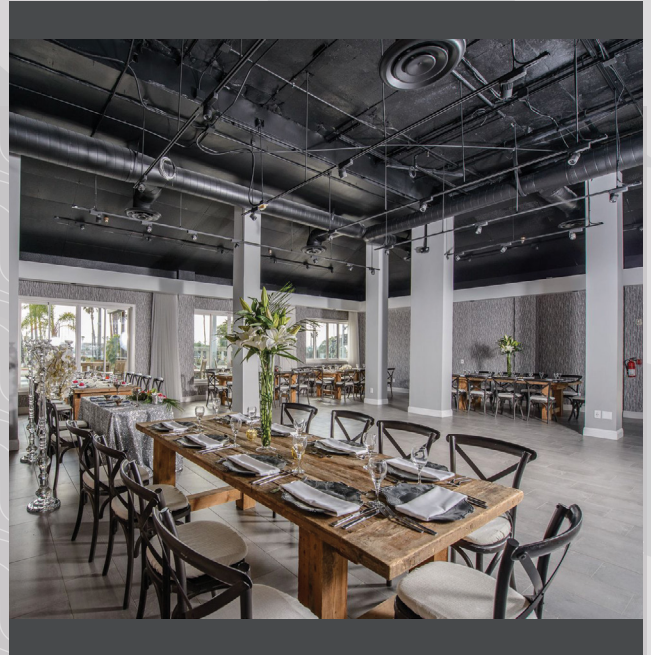
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

(Paid 100% by Sonesta)

Sonesta provides Basic Group Term Life and Accidental Death & Dismemberment (AD&D) Insurance to benefit eligible employees through Reliance Standard Life Insurance Company. Both benefits pay one times annual earnings up to \$300,000.

Optional Life and AD&D Insurance

Employees may purchase Optional Life or AD&D Insurance coverage of up to five times their salary to a maximum of \$1 million in \$10,000 increments through Reliance Standard Life Insurance Company (amounts over \$320,000 require Evidence of Insurability (EOI)). Employees may also purchase Spousal coverage in \$10,000 increments up to 100% of the employees' coverage or a maximum of \$250,000. Spousal optional life coverage above \$50,000 requires Evidence of Insurability (EOI). Child life insurance may be purchased at \$2,500 or \$5,000. Optional Life and AD&D or Spousal Life/AD&D insurance rates are available as you are going through your Workday benefits enrollment process. If you do not elect Optional Life/AD&D insurance when you are first eligible, Evidence of Insurability (EOI) will be required. You can increase existing amounts by \$10,000 at Open Enrollment without an EOI.



RELIANCE STANDARD
LIFE INSURANCE COMPANY

Life Insurance protects your loved ones financially if something happens to you.

An EOI is a simple medical questionnaire sent to you by Reliance Standard Life Insurance Company.

DISABILITY BENEFITS



RELIANCE STANDARD
LIFE INSURANCE COMPANY

Sonesta allows employees to choose whether to pay the LTD premium themselves or to have Sonesta pay their LTD premium for them. When employees pay their own LTD premium, the LTD payout is non-taxable.

Short-Term Disability

(Paid 100% by Sonesta)

Short-Term Disability (STD) Insurance provides partial income replacement if you are disabled for up to 90 days. Sonesta provides this coverage for benefits eligible employees through Reliance Standard Life Insurance Company. The benefit pays 60% of pre-disability pay up to a maximum of \$1,500 per week after a two week waiting period.

Long-Term Disability/Tax Choice LTD

(Paid 100% by Sonesta – Taxable Benefit – OR – Paid 100% by Employees – Tax Free Benefit)

Long-Term Disability (LTD) Insurance provides partial income replacement if you are disabled for more than 90 days. This coverage is provided by Sonesta for benefits eligible employees through Reliance Standard Life Insurance Company or you can choose the Tax Choice plan, paid for entirely by you, for a tax-free benefit. The benefit pays 60% of pre-disability pay up to a maximum benefit amount of \$7,500 per month for both the Sonesta-paid plan and the Employee-paid Tax Choice plan.

Long-Term Disability Buy Up

(Paid 100% by Employee)

Sonesta's Long Term Disability buy-up plan is no longer available to new enrollees. For those currently enrolled, you will remain covered under the plan.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employees have 24/7 access to a free confidential service through Reliance Standard Life Insurance Company. The EAP is provided to help employees address personal issues that they and / or their dependents are facing. They offer short-term counseling, as well as assistance with financial and legal services. Below lists some of the items they provide assistance with:

Legal/Financial Services

Mediation Services,
Wills and Trust
Preparation, Identity Theft
Consultation,
Tax Consultation

Life Essentials

Social Work Services,
End-of-Life Support,
Healthy Living Discount
Program, Funeral
Planning Services

Short Term Counseling

Stress and Anxiety,
Grief, Alcohol and Drug
Abuse, Depression,
Relationship Difficulties

Worklife Resources

Adoption, Household
Services, Veterinarian and
Pet Care, School Searches,
Child/Eldercare Searches

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Call **855.RSL.HELP**
(855.775.4357) or visit
Rsl.acieap.com.

Code: RSLI859



**EMPLOYEES,
FRIENDS + FAMILY:
DISCOVER SONESTA
FOR LESS**



Make the most out of every moment with a getaway personalized to you. There's no time like the present to plan an adventure. And when it comes to finding the ideal destination, Sonesta has you covered.

**NOW ALL
EMPLOYEES EARN
TRAVEL PASS POINTS
ON EMPLOYEE RATES!**

Sonesta Employee Rate are now eligible to immediate family including parents, parents-in-law, children, siblings of Sonesta employees

Sonesta Employee Rate & Sonesta Friends & Family Rate are now eligible for RMR employees and their immediate families

Friends & Family Rate will require verification letter effective 1/1/24

See Sonesta Rate Program SOP for details

BOOK TODAY!

EMPLOYEE RATE
DISCOUNT
BASED ON HOTEL & ROOM

Employee promo code
SER

FRIENDS & FAMILY RATE
25% OFF
BEST FLEXIBLE RATE

Friends & Family promo code
SONFAF

The Employee Rate is available to Sonesta employees, RMR Group employees, and their immediate families. The rate must be booked online at Sonesta.com using promo code SER and guaranteed to a personal credit card. An employee and/or immediate family may book up to two rooms at the employee rate and must show proof of employment at check-in. Employees and their families are also eligible for a 20% discount on food & beverage, excluding alcohol and leased operations. The Friends & Family rate is available to anyone who is related to or knows a Sonesta or RMR Group employee. They receive a 25% discount off the Best Flexible Rate. If the employee rate is not available, employees may book at the friends and family rate, if available. The rate must be booked online at Sonesta.com using promo code SONFAF and guaranteed to a personal credit card. Friends & Family Rate will require verification letter effective 1/1/24. All hotels are required to participate in the Employee Rate & Friends & Family Rate programs, though may place restrictions on availability at times. The rates are not available via the Sonesta Call Center nor at the hotel directly. See Sonesta Rate Program Policy or contact your Human Resources representative for details.

BUSINESS TRAVEL ACCIDENT (BTA)

BTA covers all methods of travel, even travel by foot. The coverage also includes non-business related travel or activities undertaken incidentally while traveling on business (up to 250 miles away for up to five days). This coverage is provided to all benefits eligible employees through Nationwide.



BTA Insurance provides Life and AD&D coverage for employees who are traveling for business.

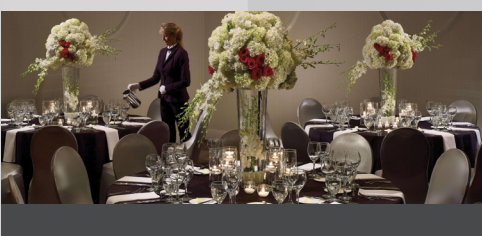


For more information, visit the Sonesta Benefits Portal <https://c2mb.ajg.com/sonestaparent/home/>.

PERKS AT WORK

Enjoy corporate rates on everything from everyday purchases (groceries, restaurants, movie tickets, cell phone monthly rates, pets, medical, household and flexible spending items) to big ticket items (travel, rental cars, and computers).

WOWPoints loyalty program: Most purchases on Sonesta Perks at Work earn you WOWPoints, which can be redeemed for additional discounts. It is a great way to earn and give to yourself and others.



Sonesta Perks at Work is a FREE one-stop shop for employee discounts and personal savings which will be available to you and up to five of your friends or family members!

IMPORTANT FEDERAL NOTICES

Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Treatment of physical complications in all stages of mastectomy, including lymphedema; and
- Mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

Call Blue Cross Blue Shield at **888-247-2583** for more information.

Michelle's Law

Michelle's Law requires all health plans to allow a covered college student with a "serious illness or injury" to remain eligible for active dependent coverage for 12 months, even if he or she no longer qualifies as a full-time student.

To be eligible under Michelle's Law, the student must meet the following requirements:

- be covered as a full-time student, as defined by the Plan, at a post-secondary educational institution immediately before any serious illness or injury occurs;
- experience a "serious illness or injury" that requires a medically necessary leave of absence or a medically necessary change in enrollment status from full- time to part-time;
- have the illness or injury verified by a physician in writing and certified that the leave of absence or change in enrollment status is medically necessary.

Coverage will be continued until the earlier of the following: 1) 12 months from the start of the medically necessary leave of absence, or 2) the date on which the coverage would otherwise terminate under the terms of the Plan (i.e. parent's termination of employment or the student exceeding the Plan's age limit).

Note: Above law also applies to eligible dependent grandchildren.

Notice of Special Enrollment Rights

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your dependents' other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, please contact Human Resources.

IMPORTANT FEDERAL NOTICES continued

Newborn & Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Reminder: If you want to cover your newborn on your benefits, complete a Change Benefits Event in Workday within 30 days of their date of birth.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

IMPORTANT FEDERAL NOTICES continued

<p style="text-align: center;">ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p style="text-align: center;">ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>	<p style="text-align: center;">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>
<p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p style="text-align: center;">CALIFORNIA – Medicaid</p> <p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>	<p style="text-align: center;">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/membersMedicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>
<p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/HIBI Customer Service: 1-855-692-6442</p>	<p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>

IMPORTANT FEDERAL NOTICES continued

<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>

IMPORTANT FEDERAL NOTICES continued

<p align="center">NORTH CAROLINA – Medicaid</p>	<p align="center">TEXAS – Medicaid</p>
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>
<p align="center">NORTH DAKOTA – Medicaid</p>	<p align="center">UTAH – Medicaid and CHIP</p>
<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p>	<p align="center">VERMONT – Medicaid</p>
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>
<p align="center">OREGON – Medicaid</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p>
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">PENNSYLVANIA – Medicaid</p>	<p align="center">WASHINGTON – Medicaid</p>
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">RHODE ISLAND – Medicaid and CHIP</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p>
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)</p>	<p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p>
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">SOUTH DAKOTA – Medicaid</p>	<p align="center">WYOMING – Medicaid</p>
<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

IMPORTANT FEDERAL NOTICES continued

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Employee
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

CONTACT INFORMATION

Below you will find the contact information for all carriers and resources:

Medical Insurance

Blue Cross Blue Shield of Massachusetts

www.bcbsma.com

800-358-2227

Kaiser

www.kp.org

PNW: 800-813-2000

No. Cal & So. Cal: 800-464-4000

WA: 888-901-4636

Dental Insurance

Delta Dental

www.deltadentalma.com

800-872-0500

Vision Insurance

VSP

www.vsp.com

800-877-7195

Leave of Absence and Disability

Reliance Standard Life Insurance Company

www.matrixabsence.com

877-202-0055

Life Insurance

Reliance Standard Life Insurance Company

www.reliancematrix.com

800-351-7500

Flexible Spending Account

Discovery Benefits, a Wex Company

www.wexinc.com/discovery-benefits/

866-451-3399

401(k) Retirement Saving Account

Principal

www.principal.com

800-547-7754

Benefit Advisors

Health Advocate

Healthadvocate.com/Sonesta

866-695-8622

Employee Assistance Program

Reliance Standard Life Insurance Company

Rsl.acieap.com

855-RSL- HELP (855-775-4357)

Code: RSLI859

Voluntary Benefits

Reliance Standard Life Insurance Company

www.matrixabsence.com

877-202-0055

Business Travel Accident & Travel Assistance

Nationwide

<http://starline-group.cc.oncallinternational.com>

Username: OnCall

Password: Assistance

Within U.S.: 877-935-3704

Outside U.S.: 312-935-3704

Sonesta Benefits Team: Open a Benefits Ticket through At Your Service

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

